



Children with Special Health Needs

“Children with special health needs are at the greatest risk of inadequate access and poor oral health.”¹

Who has special needs?

Oral health is integral to general health.² Children with special health needs are defined as those “who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition who require health and health-related services of a type or amount beyond that required by children generally.”³ Conditions which engender special needs include, but are not limited to, Down syndrome, craniofacial defects (cleft lip/palate), cerebral palsy, developmental disabilities, autism, vision or hearing deficits, diabetes, asthma, and HIV. It has been reported that the number one unmet need for children with special needs is dental care.⁴

What are the oral health issues for children with special needs?

1. Children with developmental disabilities: enamel irregularities, gum and oral infections, delayed tooth eruption, bite irregularities⁵
2. Children with Down syndrome: gum disease, dry mouth, fissures of tongue and lip, and bite irregularities⁶
3. Children with cleft lip/palate: tooth decay, gum disease, bite irregularities, and crowding⁷
4. All children with special needs: Access to care and difficulty finding dentists to provide care

Facts at a glance:

- ✓ 1 in 8 children between 6 and 14 years old have some sort of disability⁸
- ✓ Number one unmet need for children with special needs: dental care⁴
- ✓ One in four parents of children with special needs report their child has unmet dental need⁹

Why is access to care a problem for children with special needs?

Although the Americans with Disabilities Act (P.L. 101-336) require that dentists treat patients with disabilities, there are still many barriers to oral health care for children with special needs. Dentists report the following obstacles: office limitations, scheduling problems, behavior problems, inadequate financial compensation, consent issues, and inadequate number of dentists with appropriate training.⁴ It is also reported that dental students spend less than 5% of their clinical training, and less than 5 hours of classroom time on oral health needs for special populations.¹¹

What about Maine?

In 2001, 3,000 children in Maine under the age of 18 received SSI for disabilities.¹¹

What is Maine doing?

- **The Maine Department of Health & Human Services** provides dental services in three locations (Portland, Augusta and Bangor) for children and adults who are current or previous clients of the Department (previously through the Department of Behavioral & Developmental Services).
- **The Maine Children with Special Needs Program** facilitates dental services for children with cleft lip/palate and assists others who are clients of the program in obtaining needed care.

Strategies for Maine's future:

- ✓ Support continued and expanded dental services for children with special needs.
- ✓ Increase the number of providers who treat children with special needs: offer incentives for continuing education, increase Medicaid reimbursement.

References:

1. Mouradian W, Wehr E and J Crall. Disparities in children's oral health and access to dental care. JADA 2000; 284: 2625-2631.
2. U.S. Department of Health and Human Services. *Oral Health in America: a report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health 2000.
3. McPherson M, Arango P, Fox H, Lauver C, McManus M, Newacheck PW, Perrin JM, Shonkoff JP, Strickland B. A new definition of children with special health care needs. Pediatrics 1998; 102 (1): 137-40.
4. Newacheck PW, McManus M, Fox HB, Hung Y, Halfon N. Access to health care for children with special needs. Pediatrics 2000; 105 (4): 760-766.
5. Isman B and RN Newton. Oral conditions in young children with developmental disabilities: Addressing common parental concerns. Dental Hygiene News 1997; 10(1); 5-6.
6. Pilcher ES. Dental care for the patient with Down Syndrome. Down Syndrome Research and Practice 1998; 5(3): 111-116
7. Mitchell JC and RJ Wood. Management of cleft lip and palate in primary care. Journal of Pediatric Health Care 2000; 14 (1): 13-19.
8. U.S. Census Bureau: <http://www.census.gov/prod/3/97pubs/cenbr975.pdf>
9. Edelstein, B. Testimony Before Public Health Subcommittee of the Health Education Labor and Pensions Committee of the U.S. Senate on "The Crisis in Children's Dental Health: A Silent Epidemic." Washington DC: 2002.
10. Romer M, Dougherty N, Amores-Lafleur E. Predoctoral education in special care dentistry: Paving the way to better access? Journal of Dentistry for Children 1999; 66 (2): 132-5.
11. State Statistics, December 2001 – Maine Office of Research, Evaluation, and Statistics
http://www.ssa.gov/policy/docs/quickfacts/state_stats/me.html

Published by the Oral Health Program, Bureau of Health, Maine Department of Health & Human Services, 2004, in cooperation with the Division of Oral Health, Centers for Disease Control and Prevention, Atlanta, Georgia. For more information, write to the OHP at 11 State House Station, Key Plaza, 4th floor, Augusta, ME 04333-0011, or call (207) 287-2361 or TTY (207) 287-8015 for the deaf or hard of hearing. Acknowledgements: Kathleen D. Heiden, RDH, MSPH, Barbara F. Gooch, DMD, MPH, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, and Lisa Masinter, CDC ORISE Fellow, Summer 2003.



John Elias Baldacci, Governor
John R. Nicholas, Commissioner